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Application Number	10/553,133
Filing Date	14-OCT-2005
First Named Inventor	Wa Chu
Title	Flat-foldable face-mask and p
Art Unit	3772
Examiner Name	PATEL, NIHIL B
Attorney Docket Number	CHU0101PUSA

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

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Firm or Individual Name **Mr. Wa CHU**

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I am the:

Applicant/Inventor.

OR

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/86) submitted herewith or filed on _____

SIGNATURE of Applicant or Assignee of Record

Signature VCHU WA! **Wa CHU** Date August 31, 2009

Name Wa CHU Telephone +65 81183083

Title and Company Mr.

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

*Total of **1** forms are submitted.

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